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# The DENTAL NEWS

A Magazine for Progressive Dentists

Vol. I

JUNE, 1902

No. 5

Published by STOWE & EDDY CO.

1133 Broadway, Cor. 26th St., New York

W. H. Stowe, Editor      F. F. Eddy, Business Mgr.      L. A. Kiander, Ass't Editor

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## ❧ CONTRIBUTIONS ❧

### ORAL DEFORMITIES.

Albert Westlake, D. D. S., New York City.

Among the many interesting cases of oral deformities treated during the past year, two may be especially worthy of mention.

One, because it confirms the necessity of training the muscles of the jaw after excision of one half of the inferior maxilla, and the other as expressing nature's preference for platinum to gold while imbedding into live tissue.

The surgical history of the first case was similar to that of a majority of such capital operations, a sarcoma at the point of the right sixth year molar, calling for the extirpation of the jaw from the median line to the articulation.

This operation was performed in England, the patient coming here for a substitute jaw.

In 1890, when I first had the honor of solving this problem at Roosevelt Hospital, in this city, I advocated the insertion of an interdental splint immediately following the operation. This procedure holds the remaining half of the jaw in normal occlusion during the process of healing. It was not done in this case, and when presented to me the anterior portion of the left half of the jaw occluded with the roof of the mouth, the patient's diet being thereby arbitrarily limited.

It will be recalled that the old method of overcoming this condition was to attach a chin visor by rubber straps to a hood over the head. My method was to fit gold cap crowns over the central, lateral and canine and ascertain the mouth opening force, and also the tension of the remaining muscles.

This I do by use of the "Cotton Scale," graduated to show ounces and their fractions; loops of floss silk are then fastened to the teeth and the maximum of retraction and extension will be shown accurately.

The mouth-opening force in this case was found to be about 1½ pounds, and the retraction force about 3½ pounds. A duplex spring cut to proper length, was then slipped over both ends of spurs, forcing the jaw to assume its normal occlusion. This method of training the muscles was followed for nearly a year,

with a result so satisfactory that a removable telescope bridge is now being finished to restore the fullness of the jaw.

The other specially interesting case was presented to me after the patient had lost the nasal and vomer bones, causing the nose to become flat and flabby.

The disease had been checked and all unfavorable symptoms had been absent for a period of about three years.

After accurate measurements, I made a narrow bar of platinum the length of the nose, and extending to a point between the eyebrows, this end being branched slightly and both points bent to fit into the bone.

A curved piece of platinum was then soldered by pure gold to the vertical portion at the end in such a manner as to give proper support to the nostrils.

The end of this was adjusted to be sunk into the canine fossa on either side. The lip was then lifted and the entire tissue dissected away from the bone so that the platinum "scaffolding" could be placed in position under the nose, holes were bored into the bone and the whole apparatus firmly adjusted. The parts have all healed, and as the patient has experienced no discomfort for the past year, the result can reasonably be called a complete success.

Similar orthopaedic work has been done in such cases, but always in gold, and the result of the above case leads me to suggest platinum as being more acceptable to the mucous membrane and bone.

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### MAKING RICHMOND CROWNS.

I think a few hints on how to make a perfect joint between the gold and the facing of a Richmond crown would be of help to a large number of our profession. While I do not claim what I am about to write as original, I do claim it to be the best, quickest, and most satisfactory way to make a Richmond crown. I do not think that any dentist after once using this method, will ever go back to the tedious process of grinding the cervical end of the facing to fit the cap.

In making a Richmond crown, I first make the band of 22k. gold, 31 gauge B. & S., beveled at the front, then solder on the top of 24k. gold, 31 gauge B. & S., using 20k. solder, and after fitting and soldering in the pin, I place the metal part of the crown on the root and take a bite and an impression, and set upon the articulator in the usual way.

Now, in grinding the facing, I do not grind it to fit perfectly on the cap, but just so the tip of the cervical border of the facing touches the anterior margin of the cap. Back up the facing with very thin soft platinum (the thinnest that S. S. White have for backing) letting the backing run up and over the cervical end of the tooth and trim it evenly, always filing toward the facing. Now wax on the backed-up facing and before investing, burnish a rope of No. 6 gold foil around the front and sides of the piece where the joint is to be, then invest and dry out. Now apply borax solution, letting it run freely between backing and gold cap, then flow in a small piece of 20k. solder which will run down between cap and facing and unite with the gold foil thus making a perfect joint, now put on more solder and fill in the back. In finishing the crown always file toward the facing and the joint will be the best you ever made.

I prefer platinum for backing because it can be used thinner than gold without the danger of melting.

A. W. HALL, D. D. S., Chicago.

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All the dentists in the country will rise up and attack the Boston doctor who announces in a carefully prepared scientific article that artificial teeth are bad for old people. The argument this physician advances is that the teeth fall out naturally at a certain age because nature means that at this particular time of life people diet. He urges that artificial vegetable should limit themselves to a teeth enable old people to eat meat which they ought not to have in advanced years. Neither the old people nor the dentists will subscribe to this opinion, since it would deprive one of pleasure and the other of profit.

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EDITOR *Dental News*.

DEAR DOCTOR:

I would like the opinion of the profession in regard to zylonite plates pressed while under the influence of dry heat as compared to those pressed while heated by steam. Very truly,

A. W. HALL, D. D. S., No. 252 E. 55th St., Chicago.



## EDITORIAL



The following is a copy of one of a number of similar letters received by us, and while we do not feel at liberty to give the name of the sender, we print it in full, hoping many others may be moved to express their views.

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EDITOR *Dental News*.

DEAR DOCTOR:

Your little magazine is appropriately named, for it gives what no others do—general *news*, pertaining to dentistry and of interest to dentists. It “fills a long-felt want,” and I, for one, appreciate it. Long life and prosperity to the Dental News.

Enter my name for two years’ subscription, for which find enclosed one dollar.

Yours with best wishes,

D. D. S.

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Let us know what you think of the “News.” If you are pleased with it, we shall be glad to know it, and if you have any fault to find, tell us what it is and we will endeavor to profit by your criticism and thereby improve our magazine. Our aim is to make it readable and “newsy,” and we feel much gratified that our efforts are so largely appreciated. Let us hear from you, and if you have not already done so, send in your subscription at the same time.

## MISCELLANEOUS

### THE WOMAN DENTIST A FIGURE IN HER PROFESSION.

Washington has six woman dentists: the world has six hundred—enough to insure any woman ambitious to acquire the distinction that in becoming a dentist she will not be obliged to travel unbeaten paths. Where six hundred women have gone, six thousand may easily follow and the lists of girl students in the dental schools would indicate that the six thousand are on the way. Encouraging them to persevere is the ever increasing number of silver-filled and gold-crowned teeth which constantly greet us in the smiles of humanity, a sufficient guarantee that there will always be a supply of work for their deft and skillful fingers.

The general public has long been acquainted with the woman doctor, but still regards her younger sister, the woman dentist, somewhat askance. Nevertheless she bids fair to rival all other professional women in a successful career. Statistics, those grave and dreadful things, show us that while the proportion of women dentists to men is not large, they are rapidly increasing, and are, as a rule, successful financially.

Dentistry as a profession is conceded to be of American birth. It is only a little more than fifty years since the first dental college in the world was founded at Baltimore, about the same time that poor Elizabeth Blackwell was striving so furiously hard to break into the medical profession, being denied admission to the medical schools of the country and in many instances rebuked for temerity and indelicacy.

In spite of the assertion made in a recent publication that, "This wonderful American man does not mind American women being dentists, too," many colleges refuse to receive her, she is not welcomed to the dental societies nor invited to co-operate with men, and still finds much to overcome in the way of petty jealousy and prejudice. Unlike the majority of people who are ready and anxious to warn others to beware of a vocation which they have made their own, the woman dentists are loud in their praise of their chosen profession. They claim there is a glorious field opening here for women and urge their fellows to enter in.

The first woman to receive a degree in dentistry was Lucy B. Hobbs, who graduated from the Cincinnati College of Dental Surgery in 1870. This college is proud to claim the distinction of being the first to open its doors to women.

The pioneer woman dentist of the District of Columbia says: "I have since 1889 watched the progress of women in our profession, and I dare to say that in proportion to our numbers there are to-day fewer women than men bringing discredit upon it. It is a work which is peculiarly adapted to woman with her quick perception and her nicety of touch."

"Isn't it curious," said Female Dentist Number Three, as she disinfected and polished her little steel instruments in preparation for her next patient—due in just five minutes—"how reluctant the majority are to give a woman the title of 'Dr.' Nobody ever thinks of substituting the 'Dr.' before a man's name with the ordinary 'Mr.' People, as a rule, are rather over-anxious to bestow the title upon him, going so far as to speak of his wife as Mrs. Dr. Whoever-she-may-be. Why, even the boy student, long before he is ready to graduate, becomes known as 'Dr.' And why is it the dear public is so averse to accord the woman her due, even after she has earned it by years of honest and conscientious labor? More than one-half of the persons who call on me professionally insist on addressing me as 'Miss' instead of 'Dr.'"

"Especially do I notice this in strangers who are attracted to my office by the sign. Just as soon as they see a woman at the chair it is 'Miss.' I resent this, because I know the persons who do it would not go into the office of a man dentist and approach him as 'Mr.' I claim it is just as much of a breach of etiquette for a stranger to come into my dental parlors and address me as 'Miss' as it would be for him to call me Mary Ann, if that happened to be my name.

"Forty years ago it meant sort of social outlawry for a woman to enter one of the learned professions, and I am not so sure that we have entirely recovered from that idea, ridiculous as it is. In proof of this I will give you an amusing little incident. A few years ago, when I first hung out my sign, I was filled with enthusiasm for my chosen profession, and anxious to become known as 'Dr.' among my acquaintances. About that time my sister was married, and I requested her to have her husband always address me by my rightful title in the presence of people outside of the family circle. It worked all right till one night he took us to a large reception composed principally of army and navy people, and there, where I longed for it most, when that slight act of courtesy might have had weight and given me some little prestige, it was not forthcoming. I do not know whether my dear brother-in-law feared my title would detract from his own dignity or was ashamed to own me as a doctor and a sister. Whatever the reason, this was the manner of his introduction:

"'Maj. This, Capt. That, and Corp. The Other, allow me to present my wife; her sister, Miss Nobody.' My spirits fell below the zero mark, and I think it is the only time in my life that I longed to be a man. There I was in a company where every man had a title, and mine, for which I had worked as hard as any of them had for theirs, was denied me. If I only had been a man, how naturally and even proudly, my newly made relative would have said: 'My brother, Dr. Somebody.'"

"The investment of \$1,000 in money and three years of time," said Number Three, "will fit any woman endowed with the natural qualifications for the practice of dentistry. The degree of her success will, of course, depend on her ability to attract and hold a clientele. In order to become a good dentist she must be strong and healthy, gentle, kind, patient, cheerful; must always have her nerves under thorough control, and possess an immense amount of tact, combined with a reasonably good education."

Woman Dentist Number Four takes special delight in the appearance of her reception-room. "Everybody," she said, "hates the idea of going to the dentist. The patient opens the door with a feeling of dread, and her whole mind is centered right upon her jaw. Now I strive to create a first impression that shall be soothing and diverting to the mind. You see, the environment here is disassociated as much as possible from the chair," and she surveyed with well-merited pleasure her invitingly cosy reception parlor, with its comfortable steamer chair, looking so very home-like, drawn up beside a pretty table supplied with a few late magazines and a bouquet of spring flowers.

"Of course, any one can guess what is behind those screens," and she pointed to a couple of daintily decorated ones obscuring a windowed corner, "but a little cheery conversation before coming in view of the dental chair and implements does much to dispel the horror, which, after all, exists more in the mind of the patient than in reality, for with our modern improvements and methods, the dentist's office is no longer a chamber of torture. If people only realized this there would not be so many neglected teeth."

"There is really nothing in dental work from which women need shrink," asserted the fifth on the list. "It is not nearly as trying on the nerves as surgery or even trained nursing, and women do not shrink from either of these professions. It does not take such a tremendous amount of strength to extract a tooth as people generally suppose. A correct knowledge of what is to be done and a proper handling of the forceps are much more important than a large supply of brute strength. The one-prong teeth require a rotary motion, and for the large molars a backward and forward movement is necessary.

"There is expert testimony to the effect that to handle all the dental work that needs to be done in the United States alone



would keep 50,000 dentists comfortably employed. As a matter of fact there are less than half that number in active practice in the country to-day, and some of them are not able to make their profession profitable. This simply shows that the activity of the dental colleges in educating dentists has been far ahead of the education of the people for caring for their teeth."

"Aren't they pretty?" exclaimed petite Dentist No. 6, as she held up a newly completed set of artificial teeth. "And do you know the dental scientists say that at the rate the human teeth are deteriorating after awhile—a few generations hence—people will be born without the possibility of teeth. Instead of cutting, they will have to order them from the dentist. That is a sad outlook for posterity in general, isn't it? But what a gloriously fine thing for the dentists of future ages."—*Washington Post*.

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## REMINISCENCE OF PRACTICE IN THE EARLY DAYS OF OUR PROFESSION.

As the weary and footsore traveler in an unknown country sits down at evening to rest from his toils, his mind reverts to the incidents and perhaps perils, of the day, the treacherous bogs he has crossed, the swift streams he has forded, and the adhering clay which hindered his feet and refused to be left behind, and recounts to any who may hear the story of it. So I have sought to entertain you for a brief space with some accounts of the labors endured and difficulties encountered by the earlier practitioner of our profession. It will not be a history of dentistry in any degree, and nothing will be recited that did not touch me and become a part of my experience.

During the nineteenth century events, of the greatest importance have trodden upon the heels of events with such celerity that it has been possible in many instances for one life to span the periods of conception and the fruition of inventions and improvements of great significance to the welfare of mankind. The man of eighty years has witnessed the invention of the railroad and its primitive use by horse-power, the subsequent application of steam to its use and to all uses, overcoming the reluctant inertia with which nature has bound down all the matter we have most to do with, and bidding it with almost unlimited force, to relieve man of his heaviest tasks; and permitting the swiftly-flowing river and the

babbling brock alike to run to the sea unvexed by dams or wheels, by which, in his early days, he performed all of the labor which was not done by human energy or animal power. The man of eighty years has also seen as contemporary with the whole life from inception and conception of the telegraph and all its derivatives and congeners to a state of completion, almost perfection itself—the sewing machine, the mower and reaper, the marvelous printing machines and a thousand other inventions of equal importance to that extent that it seems unlikely that another eighty years will be equally productive—and probably that the nineteenth century will long be referred to as a wonderful period in human history. Parallel with these great movements the dentist has kept his place—in no degree has he lagged behind the foremost in successful effort to ameliorate the condition of humanity by making good the defects of nature, or remitting the penalties of error or of willful defiance of natural law.

At the time that I commenced the study which promised to fit me for a dental practitioner, there was little literature extant upon either the physiological or practical phases of the subject. Those who had within a short period taken up the work, had for the most part enjoyed a longer or shorter term in an office of one in practice, and had read a little in the medical students' anatomical, pathological or surgical books. I may say, without exciting envy, that I am the third generation from the very incipency of dental work as now practiced, as my instructor, a gentleman, and a successful dentist, derived the elements of his knowledge from one who may be said to have contrived almost everything for himself. This position is *very* near the head of the stream. Much jealousy existed between those who were in practice, and no dentist was a welcome visitor to the laboratory of another. The dentist was an almost daily inventor, and would not willingly give up to a rival that which might be of much value to himself and had cost him some labor. Mr. Fox, in England, had published in 1803, a quite extensive work on the "Anatomy" and on the "Care of the Human Teeth," and illustrated it with designs to aid the learner. S. S. Fitch, in 1829 wrote quite an extensive manual on the subject, and Hunter, and Bell, and Maury, the last in 1843, and some others had compiled such knowledge upon the subject as was accessible. These books were the chief aids to the ingenuity of the learner. The restoration of lost teeth was more frequently asked for than the attempt to arrest decay in those still in place.

There were limitations and restrictions about both operations which in view of the present prevailing modes, will seem almost appalling to the dentist of the day. In the case of the front teeth, or as many as can be seen in the open mouth, if the filling of whatever material could not be concealed, it would not be tolerated for a moment. The dentist would be told with emphasis that his

patching was more offensive than the inroads of decay. As late as 1854 discussions in societies and journals upon this difficulty filled much time and space. The favored method of the best operators was to file away the inner part of the incisor and fill from within, with care, that the gold did not protrude. To this end, too, rubber or wood was worn between the teeth, sometimes for a week, so that a filling could be inserted without fracturing the thin edge of enamel which should perform the important function of concealing the work. If the end of a clasp of a little plate peered around a bicuspid, it must be cut away, and I have done this many times at the peril of destroying the usefulness of the plate. Tin foil was much used in filling, and could be applied to the front teeth with the precautions just recited. Manufacturers supplied gold and tin foil, but alloys were not on the market; and when about to make an amalgam filling, the dentist sat down and filed from a silver coin as much as the case required.

The copper in the coin secured a density and hardness, comparable to that of iron, and a depth of color more admirable in some other place. The people had not been taught the value and usefulness of the dentist's work; and it is not exaggerating to say that at the time referred to, not one per cent. of the people had ever consulted a dentist, the physicians doing most of the extracting. This being so, they would pay but little for the dentist's services, the utility of which to them was problematical. The charge for a gold filling was so small that large cavities were never filled, as the fee would not pay for the foil used. The small fillings of soft gold, pressed in by hand pressure, preserved the teeth to a degree that would astonish the modern operator, though a mallet blow would reduce them one-half. I had them in my own teeth good after twenty-five or thirty years. When the incisor or canine, was condemned as insusceptible of the improvement mentioned, the crown was cut away and a pivot crown attached. This was usually done with a wood pivot, which, by expanding in moisture, took a strong hold on the parts to be united, and would serve for a period of several years, when the wood was renewed.

Metal was less certain, because of the difficulty in fitting it to the orifices so that it would be retained, and was little used. And here, as well as anywhere, let me mention two or three inventions that have made possible the marvelous achievements of the dentist of to-day. The dental engine comes first. This circular action with flexible motion, I believe, was first applied to the operation of sheep shears, but its applicability to the dentist's use was quickly discovered, and the machine, so indispensable to our work, was brought out. If any dentist underrates the importance of this combination of inventions, let him set his engine away in a corner and set to work to prepare a few cavities with hand excavator and burrs of his own make, and he will soon appreciate this machine. The use of animal and human teeth to replace lost organs was

mainly discontinued, though I have seen both made to answer as substitutes. The use of ivory, and by choice that of the tusk of the hippopotamus, had also been dropped. The tusk was the better adapted to this purpose, for the reason that a section could be sawed off at a point where the curve of the section corresponded most nearly to the curve of the jaw to which it was to be applied. The section was cut off the length of the teeth and the thickness of the ~~base~~ which should unite them. On this the teeth were carved with more or less skill. If the natural curve was right, the teeth could be shaped without going through the enamel. This was important as the enamel was hard enough to resist the action of alimentary matters and preserve its color while the unprotected ivory absorbed and was soon discolored. An approximal adaptation to the jaw was obtained by cutting out the base of the block. Rouge applied to the gums, or, in later times, to a model, indicated the parts to be carved, and you can guess about how good the adaptation would be when attempted in this way. Of course, this all applies to partial sets only, and the block with an orifice in either end was secured to a tooth on each side with silver or gold wire. This wiring required renewing at intervals, and this I have done myself. When the teeth had all been lost, the dentist's skill in carving ivory was of no further use. His usefulness was at an end. This was also true after the introduction of gold and silver plates, and they were much more practical where some of the teeth remained to be used as a support.

In the case of the wholly edentulous, the invention of the spiral springs came as a gift from the gods, and brought them immense relief. Absurd as they seem now, they served a very useful purpose, first by inspiring the wearer with confidence that the teeth would not leave the mouth unbidden, and so sometimes relieved the dentist of a pang which he feels when his work is left on the table as impracticable, and afterward kept the set in place to the entire satisfaction of the one most interested. It may not be known to the young dentists that the discovery of adhesion or support by atmosphere pressure was accidental. Springs came off or were broken, and it was discovered by several patients that the teeth could be worn without them. The operator was quick to note this fact and he attempted, and by the aid of better impressions succeeded in dispensing with springs. This was some years after my experience began, and I have made and applied many scores of pairs of springs. Indeed, after I had been successful with many sets, as the advertisements read, "without visible attachments," I have had the patron peremptorily demand springs on the yet untried set, under penalty of rejecting them altogether. In the case of a full upper denture, if a molar or bicuspid stood firm in the lower jaw, upon each side, one of each spring was attached here, and this worked nearly as well as a full set. I have given the engine first place as the dentist's aid in at-

taining the high standard of usefulness of his work. The second is insoluble cement. In the early days there was **nothing** of an adhesive nature in either laboratory or operating room. This was why he used wood for pivots instead of metal. The wood, by expansion, adapted itself so perfectly to the orifice, that it was practicable to extract the root by applying the forceps to the new crown. Though partial plates were made, not very unlike some that are used as bridges, having nothing that would adhere and supply any deficiency of adaptation, an attached plate was quite impossible. There was also great regard for tooth substance, and to separate with a file a couple of teeth enough to admit a clasp between them was as much as a conscientious dentist was willing to remove from an undecayed tooth surface, and even this was often censured.

The third event in the progress of the dentist was the change of sentiment in regard to concealment of the repairs and substitutes. When he was permitted to repair and replace, as the exigency demanded, he could do what had not been dreamed of before. I might remark here that as we meet our fellow-citizens and they speak to us on the street or in the market, or the church corridor, we are impressed with the thought that the dentist of to-day has fully availed himself of the privilege of displaying his work, but a mass of shining gold may have a more wholesome look than a similar mass of carious bone.

At the time of which I speak, porcelain teeth had nearly superseded all others, and could be obtained in small quantities. They were not beautiful to see out of place, but it must be admitted that for partial sets or for pivoting, the colors matched the varying hues of half-destroyed incisors quite as well as any now made. Teeth with gums were brought into use about 1840-5, and shapeless masses they were. But if the cutting edges were shapely and six of the same color could be selected, the rest was easy. I always allowed myself a good long day to grind a set for one plate. Plain teeth involved less labor, but they were also in less request. I have said that porcelain teeth were not always obtainable, as the manufacture of them was in a crude state, and the demand not such as to stimulate the trade.

I was in St. Louis a few days in 1847, and I observed in a little drug store a bottle containing perhaps a pint of many shapes and many hues of artificial teeth. I remembered the "find," and sometime after settling in Springfield, a friend designing a stage trip to this city, I requested him to get some pivot teeth for me from that store. The only description or requirement was that there should be two incisors to one canine. My friend came back without the teeth with the reply from the store that there was no one there who knew the incisors from the canines, and so they could not select.

There was a gentleman who established himself in the retail drug trade in St. Louis in 1848. His design was to keep a general stock of what was then dentists' supplies. His name has eluded my memory. He came up through Springfield on his way to Philadelphia, a twelve days' journey then. He there ordered for me one dozen instruments with points and edges, such as were then used for filing and scaling the teeth, with broad, carved pearl handles, with gold sets and gold ferules at a cost of \$7.00 each. The character of the dentist was then judged very much by the beauty and costliness of his instruments. The little dental stock which he collected, I think, afterward passed to Dr. Leslie, whose name as a dental provider, I presume, was known to many of you. The first full set which was requested of me caused me much embarrassment in regard to the teeth. I wrote to a dentist with whom I was acquainted in a neighboring city for relief. He kindly sent me his whole stock which nearly filled a half-pint bottle. Out of this lot I was able to select a set which, after ample grinding, seemed not ashamed of one another.

The manufacturer seemed to make about so many of each, and throw them together, and leave them to be matched up at the discretion of the dentist. These sets, however, had the merit of presenting the appearance of dentures that had seen much service, and not of work just from the artist's hand; and often evaded when the more beautiful productions of to-day would be quickly detected; and this was important at a time when there was a considerable degree of odium attached to the use of artificial substitutes for the natural organs.—*Dr. A. W. French, in The Dental Era.*

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Dr. James Truman, of Philadelphia, editor of the International Dental Journal, in an address before the members of the Massachusetts Dental Society, at their recent meeting in Boston, said:

"I am obliged to oppose the generally expressed opinion that law in relation to dentistry is of importance. My honest conviction has often led me in that direction in opposition to majorities. There has been from the very dawn of civilization force masquerading under the name of law, and through all the generations that history records law has been on the one side and something else on the other—oftentimes law, bigotry, injury, persecution and brutality, have gone together. The two opposing forces were typified when the Great Master died on the cross, and died there between two thieves. I don't characterize law and force as two thieves, but to my mind they represent something that is very near it.

"We remember the persecution in Spain, and it has come down all the way, even to Massachusetts. At the present time dentistry is between these two forces, and to my mind it is being sacrificed

on the altar. I know that before the enactment of law in the large cities we had a very comfortable time in the profession. The non-ethical acts in it were very few. Who was it that procured all these laws? The Legislature refused to pass laws time and time again. It was with the greatest possible difficulty that the dentists who desired a law could get the law passed.

"Perhaps our Legislatures at the time did not see any money or any place in it; after a time they began to see there was something, and then they began to pass stronger and more stringent laws. It was a comparatively few who desired to have these laws passed. They did not benefit the students, and did not protect the people. What did the non-ethical men do since then? It was necessary for each of them to secure the best educated men in the country for his parlor; and young graduates suffering from a lack of means entered into arrangements with him. They were originally confined to the large towns; they are now everywhere in the villages. I hold that the law is a direct failure.

"I tell you this country is losing its liberties by laws. Gradually, year by year, these laws have been established, until to-day the people of the United States can no longer call themselves free. Even in Europe this has gone on until I challenge you to find freedom even in republican Switzerland. Is not republican freedom a farce in France? Now are you willing to be the sufferers by law? Will you go on year by year, and thus become slaves to this law element?"

The speaker closed with a eulogy of Senator Hoar for his magnificent speech of condemnation, saying, "My soul fairly burns with admiration for his denunciation of my country for its perfidy in the Philippines. I glory in Massachusetts, even though liberty is at the point of death in the Philippines, and they are waiting to bury it down in South Africa. You may call this politics, if you will; I call it humanity."

This speech made something of a sensation, and the arguments used were traversed by several of those present, including Dr. Edward C. Kirk of Philadelphia, editor of the *Dental Cosmos*, who said: "I deny that the law regarding dentistry is working out the evil or such hopeless results as my friend seems to feel. Liberty does not mean license. A great deal of our preliminary legislation may be unjust, but that is inevitable in all tentative legislation. We have to take the best we can get under the circumstances. A proper dental law, I maintain, has been of immense value to the dental profession as well as in its educational aspects."

Doctor Jolly—Do you know what book has had the most lasting effect on the human race?

Colonel R.—"Uncle Tom's Cabin," I reckon.

Doctor Jolly—No; you're wrong. "Every Man His Own Physician." It has killed more people than the plague.—*Judge.*

## A WORD OF CAUTION REGARDING CONTINUOUS GUM WORK.

Dentists are more generally recognizing continuous gum as the ideal denture for full upper cases. It is the strongest, most durable, most natural in appearance, and the only cleanly denture made.

For a certain class of cases (the prominent jaw and short lip) where a porcelain gum is imperative, but very thin, high, and without seams, this work is the only method by which perfect results can be secured.

There is no class of work where experience, skill and artistic taste is more necessary than in this. It must be borne in mind that the strength of this work is in the metal. The porcelain, of course, adds to it, but is not capable of resisting the strain of mastication.

Unfortunately, many dentists are offering to do this work at rates so cheap, that it can be done only by sacrificing strength and artistic taste. The plates are made too thin, are not properly reinforced, and there are no metal backings to the teeth, all of which tend to weakness in the work. If this goes on, it will result in continuous gum work being brought into disrepute. A strong plea is hereby made to discard these flimsy methods and adhere to those which in the past have proved effective and satisfactory.—*L. P. Haskell, in Dental Review.*

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## A TEMPORARY CROWN.

I do not think we should ever dismiss a patient with an open space in the front of the mouth. This can be easily avoided by hastily constructing a temporary crown. Enlarge the root-canal, place a piece of German silver wire, about 16 gauge, in the canal; select a facing and slip it over the end of the wire, clinch the pins around it, lay it on a bit of charcoal or an asbestos pad and solder it with soft solder. In five minutes the whole thing is done, and then it can be mounted with gutta-percha or temporary stopping. You not only relieve the patient of temporary disfigurement, but you have the gum around the root nicely compressed, giving perfect access to the end of the root when ready to mount the permanent crown.—*J. Hart Goslee, in Dental Cosmos.*

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Lodger—I must look for another room. The noise in the neighborhood last night was simply unbearable. Three times I was awakened by the shrieks of some person in agony.

Landlady—Please do not be hasty. It is but one night in the week when the painless dentist keeps open.—*Judge.*



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## NEWS NOTES

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Dr. Charles Crandall, sixty-five years old, a dentist, was found dead in his rooms, in Brooklyn, June 2.

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Dr. M. W. Pray, a dentist of Holbrook, Mass., has failed. Liabilities, \$2,208; assets, none.

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Dr. Orville E. Hill, who had practiced dentistry in Brooklyn for forty years, died at his home in that city, June 2.

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Dr. John G. Gulick, a dentist in Brooklyn, has filed a petition in bankruptcy, with liabilities \$5,172, and assets, \$57.

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Dr. Archie Kingsbury, a dentist of Winona, Minn., was drowned May 22, while boating on the Mississippi River.

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Dr. Davis E. Lane, who had practiced dentistry in Hartford, Conn., for many years, died at his home in South Windsor, May 16.

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Practically every dentist in Des Moines, Iowa, has agreed to close his office every Saturday afternoon during the summer season.

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A San Francisco dentist was recently arrested for assault because he attempted to collect a bill of \$3 by taking it out of a patient's "hide."

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It is reported that the Atlanta Dental College will soon erect one of the finest and most modern college buildings to be found in this country.

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Dr. Bow Smith, a well-known dentist of Wilkesbarre, Pa., recently met with a painful accident by the accidental discharge of an air rifle.

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The Indiana State Board of Dental Examiners is said to have recently revoked the license of Dr. Ernest P. Bender, on charges of gross immorality.

Dr. Charles C. Campbell, a popular young dentist of Monticello, Ga., died June 8, in a hospital at Macon, where he had undergone an operation for appendicitis.

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Dr. W. H. Monroe, the first dentist in Chester, Pa., and who practiced there continuously for fifty years, recently celebrated his seventy-seventh birthday in that city.

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The convention of the Susquehanna Dental Association, held at Wilkesbarre, May 15 and 16, was marked by many interesting and profitable clinics, and several very enjoyable social features.

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The sum of \$1,500 was appropriated by the Illinois Dental Association at a convention held recently at Springfield for the purpose of aiding in the suppression of the bogus diploma mills said to be in operation in Chicago.

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In patients suffering from the effects of violent blows upon the jaws, never remove a tooth just because it is loosened. Its tendency is to become again firmly attached, and hence it is always best to wait.—*International Journal of Surgery.*

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A New Bedford, Mass., dentist was recently arrested and fined for spitting in the face of another dentist of that city. A feeling of unfriendliness frequently exists between rival dentists, but this method of expressing it is fortunately somewhat unusual.

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The exhibition of dental mechanical work made by the Stowe & Eddy Co., at the meeting of the Connecticut State Dental Association, at Hartford last month, attracted much attention and was undoubtedly the finest display of the kind ever made.

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The Boston store of the S. S. White Dental Manufacturing Co. was recently moved to larger quarters in a new building adjoining their former location, where they will have even better facilities for conducting their business.

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Dr. R. D. Griffis, of Paris, Texas, was seriously injured by the explosion of an acetylene gas apparatus which he was arranging to give a demonstration of soldering before the meeting of the State Dental Association, recently held.

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He—You know about the doctors operating on Tom Archer for appendicitis, and discovering that their diagnosis was wrong?

She—Oh, yes. Well?

He—Well, they sent him home on Valentine's Day with a note reading, "Opened by mistake."—*Judge.*

The combined exhibit of the Boston Dental Laboratory Co., of Boston, and Stowe & Eddy Co., of New York, was a very attractive feature at the meeting of the Massachusetts Dental Society, held at Hotel Brunswick, Boston, recently.

At a recent meeting of the Baltimore School Board, a report was submitted refusing a request made by the Maryland State Dental Association, to be permitted to examine the teeth of the younger pupils and to give brief talks to the students of the high-schools on the care of the teeth.

It is announced that members of the Mineral Division of the Geological Survey, have discovered platinum in Porto Rico. The metal is said to have been found in samples of gravel which natives dug up in searching for gold. Whether the platinum is in paying quantities is not stated.

The identification of a body which was recently viewed by a coroner's jury in Long Island City was made positive by the evidence of a dentist, who said he had made a set of artificial teeth for the man who was supposed to be dead, while the corpse in question was supplied with natural teeth.

Two students of the senior class of the Colorado College of Dental Surgery, have petitioned the District Court for a writ of mandamus to compel the officers of the college to admit them for graduation and issue them diplomas, which have been withheld until several days lost during their freshman year have been made up.

The proposition to cremate pauper dead may be a solution of the Potters' Field problem. It is a sanitary disposition of the body after life is extinct advocated by eminent physicians, and it is certainly far better to cremate remains than to half bury them in the manner that has been exposed by The Times and other papers. --*Buffalo Times*.

The cement-liquid coming in contact with hypersensitive gum-tissue frequently causes a severe pain, which can be prevented by the following method: Paint the inner surface of the finished crown with carbolic acid. Dry the tooth, place the crown in position, and allow it to remain a short time; the small quantity of carbolic acid which will escape under the gingival edge will anaesthetize the gum, when the crown may be set with cement without causing pain. Alcohol should be at hand to overcome any possible cauterizing effect as soon as the operation is completed, but will not be necessary with a well-fitting crown.—*F. W. Stephan, "Items of Interest."*

A "Dental Parlor" in San Francisco has been sued for \$10,200 damages by a man who asserts that he went to the dental company to have a tooth crowned; that the operator drilled through the tooth and placed some arsenic in the cavity which caused his jaw, face, head and nerve tissues about the tooth to swell and become irritable so that he experienced great physical pain, and had to expend more than \$200 in obtaining relief.

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Prof. F. J. S. Gorgas, dean of the Dental Department of the University of Maryland, announces that, commencing with the next scholastic year, a dental journal will be published in the interests of the alumni and students of that department. The journal is to be known as the University Stomatologist, and will especially encourage reports of original research in the science of dentistry from the alumni of the school.

## **SOCIETY EVENTS**

The meeting of the Connecticut State Dental Association, held May 20 and 21, at Hartford, was very successful and largely attended. A prosecuting committee was appointed to secure evidence against all illegal practitioners of dentistry in the State and, in co-operation with the Dental Commission, to bring violators of the law to justice.

The following officers were elected:

President—Dr. Edward Eberle, of Hartford.

Vice President—Dr. D. W. Johnson, of New Haven.

Secretary—Dr. Fred Hindsley, of Bridgeport.

Treasurer—Dr. E. B. Griffith, of Bridgeport.

Assistant Secretary—Dr. C. C. Prentis, of Hartford.

Executive Committee—Dr. George O. McLean, of Hartford (chairman); Dr. Elmer B. Abbey, of Hartford; Dr. J. E. Heike, of New Haven.

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### NATIONAL DENTAL ASSOCIATION.

The sixth annual session will be held in Niagara Falls, N. Y., July 28th to 31st.

A good programme is being prepared, and a large and profitable meeting is anticipated.

A rate of one fare and a third for the round trip, on the certificate plan, has been secured on all roads in the United States and part of Canada.

In purchasing ticket going, full fare must be paid and a railroad *certificate* taken; this, when properly signed, entitles holder to return for one-third fare.

Tickets may be bought going from July 22d to 29th. The certificates for return journey may be used as late as August 4th.

A. H. PECK, Recording Secretary, Chicago.

#### COMING SOCIETY EVENTS.

Delaware State Dental Society, Wilmington, July 2.

Maine Dental Society, Camden, July 15, 16, 17.

New Jersey State Dental Society, Asbury Park, July 16, 17, 18.

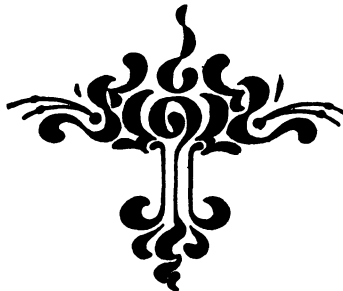
Pennsylvania State Dental Society, Bedford Spring, July 8, 9, 10.

Rhode Island Dental Society, July 8.

The Northeastern Dental Association will hold its eighth annual meeting in Worcester, Mass., October 15, 16 and 17, 1902.

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8 to 10 teeth	-	-	-	-	7.00
10 teeth upwards	-	-	-	-	8.00

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Yours very truly,

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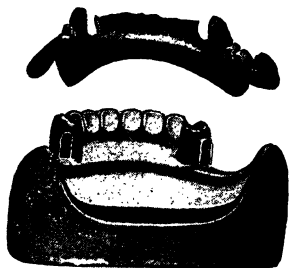
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